Introduction of Homoeopathic System of Medicines

345. SHRI JAGANNATH SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Homoeopathic System of Medicine was introduced in India in 183d;

(to) the promotion and development working of this medical science -was done for above 100 years in India;

(c) whether it is also a fact that an Inquiry Committee of Homoeopathy was formed by the Government for its recognition in the year 1949;

(d) under which Drug Act the Homoeopathic Medicines were manufactured in India; and

(e) the details of the Act?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKAEANAND): (a) and (b) As per the available literature, one Dr. Honingberger treated Maharaja Ran-jit Singh of Punjab in 1839 with Homoeopathic medicines. Later on he went to Calcutta and started practice oi Homoeopathic medicines. Subsequently many allopathic doctors as well as intellectuals got interested in this system of medicine and started practicing the same.

(c) Yes, Sir, a Committee was appointed in 1948.

(d) and (e) The Drugs and Cosmetics Act 1940 and the Rules made thereunder in 1946, Control import manufacture and sale of Homoeopathic medicines after 1963.

AZT process of treating AIDS

246. SHRIMATI KAMLA SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Indian Institute of Chemical Technology (1ICT) of CSIR has developed the protest for ACT which is being used in the treatment of AIDS;

(b) if so, what action has been taken by Government in commercia lisation and marketing of such drug in India and outside the country; and

(c) the details thereof; and whether Paris convention on Patent Protection would come in the way of marketing the drug?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Yes, Sir.

(b) and (c) The technology for the manufacture of the drug in India has been transferred to M/s. Cipla and is being marketed by them in the country under the brand name Sdo-vir since November. 1992. The know-how has also been transferred to M/s. Lapozen. Brazil and Lupin Laboratories Bangkok for commercialisation abroad. India is not a signatory to the Paris convention on Patent Protection.

उत्तर प्रदेश के प्राथमिक स्वास्थ्य केन्द्रों और स्वास्थ्य एककों में डाक्टरों की कमी

247. चौधरी हरमोहन सिंह : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार को उत्तर प्रदेश के प्राथमिक स्वास्थ्य केंद्रों और स्वास्थ्य एककों में डाक्टरों की अत्यंत कमी होने की जानकारी है ;

(ख) क्या यह भी सच है कि केंद्रीय सरकार स्वास्थ्य योजना के अनेक डाक्टर, विशेषतया स्थानीय आदिवासी डाक्टर, राज्य के भीतरी क्षेत्रों के गांवों में काम करने के इच्छुक नहीं हैं ;

(ग) क्या सरकार इस मामले में कोई उपचारी कदम उठाने का विचार रखती है ; और

(घ) यदि हां, तो उसका ब्यौरा क्या है ?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी० शंकरानंद) : (क) राज्य सरकार के अनुसार उत्तर प्रदेश के प्राथमिक केन्द्रों में डाक्टरों की कमी है ।

(ख) केन्द्रीय सरकार स्वास्थ्य योजना लखनऊ, कानपुर, इलाहाबाद, गाजियाबाद और मेरठ नगरों तक ही सीमित है। उत्तर प्रदेश सरकार ने सूचना दी है कि उसे ऐसी किसी घटना की जानकारी नहीं है कि आदिवासी डाक्टरों ने राज्य के भीतरी क्षेत्रों के गांवों में सेवा करने की अनिच्छा प्रकट की हो।

(ग) और (घ) राज्य सरकार ने प्राथमिक स्वास्थ्य केन्द्रों के रिक्त पदों को भरने के लिए कार्रवाई शुरू कर दी है ।

Child Welfare Centres in U.P.

248. SHRI RAM NARESH YADAV: Will the Minister of HEALTH AND FAMILY WELFARE be pieased to state:

(a; what is the total number of Child Welfare Centres opened in Uttar Pradesh during the last two years and how many more centres are likely to be opened in future.

(b) what arrangements have been made in the Primary Health Centres to protect the infants from contacting new diseases; and

(c) whether sufficient quantity of drugs is kept in stock in these dis pensaries/centres for the protection of infants against such disease; *if* not, what are the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) to (c) No centres with the nomenclature "Child Welfare Centre" have been established in U.P. by the Ministry of Health and Family Welfare. Ittere is no proposal to open such centres. Services for children are being provided through a network of health institutions including Sub-Centres and Primary Health Centres.

Drugs and vaccines which are nee ded lor protecting/treating children, against poliomyelitis, tuberculosis, Whooping Cough, tetanus, diptheria measles, diarrhoea, pneumonia and blindness due to Vitamin 'A' defici ency are being supplied to all the States, including U.P. at various health facilities, including at Sub-Centres.

Discrimination in Payment of Allowances to Scientists

249. SHRI MOHAMMED AFZAL *alias* MEEM AFZAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Group A scientists working under different institutions of Director General of Health Services, are being paid (i) book allowance (ii) higher degree allowance (iii) risk allowance and conveyance allowance as per judgement of Supreme Court, of 15th November, 1989 on writ petition (civil) No. 1018 of 1989;

(b) if so, whether it is also a fact that the entitlement of these allowances have been extended to scientists working at All India Institute of Medical Sciences, New Delhi and Post Graduate Institute, Chandigarh and not to institutions tinder Indian Council of Medical Research;

(c) whether Government are aware that such continued discrimination of scientists of Indian Council of Medical Research would lead to *low* morale and inefficient performance and affect the quality of research work; and

(d) what action Government are contemplating to rectify this anomaly and with what time frame?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) In pursuance of the directions of Supreme